

Lincoln Police Department
Thomas K. Casady, Chief of Police
575 South 10th Street
Lincoln, Nebraska 68508

402-441-7204
fax: 402-441-8492



MAYOR CHRIS BEUTLER

lincoln.ne.gov

March 27, 2009

Mayor Beutler and City Council
City of Lincoln
City County Building
Lincoln, NE

Mayor Beutler and Members of the City Council:

An investigation has been made regarding the application of Box Awesome Bourbon Theatre, 1415 'O' Street requesting a class C liquor license.

This location was previously known as State Theatre which held a class I liquor license

Jeremiah Moore, owner has requested that he be approved as the manager of the liquor license.

Background information on Mr. Moore will be omitted as he is a currently approved liquor license owner / manager.

Mr. Moore has completed the required training.

If this application is approved, it should be with the understanding that it conforms to all the rules and regulations of Lincoln, Lancaster County and the State of Nebraska.

THOMAS K. CASADY, Chief of Police

#8
#9

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APR 28 2009
CITY COUNCIL
OFFICE



A nationally accredited law enforcement agency



PREMISE INFORMATION

Trade Name (doing business as) Box Awesome's Bourbon Theatre

Street Address #1 1415 "O" St

Street Address #2 _____

City Lincoln County Lancaster Zip Code 68508

Premise Telephone number (402) 310-7919

Is this location inside the city/village corporate limits:

☒ YES

☐ NO

Mail address (where you want receipt of mail from the commission)

Name Jeremiah Moore

Street Address

#1 6424 Benton

Street Address

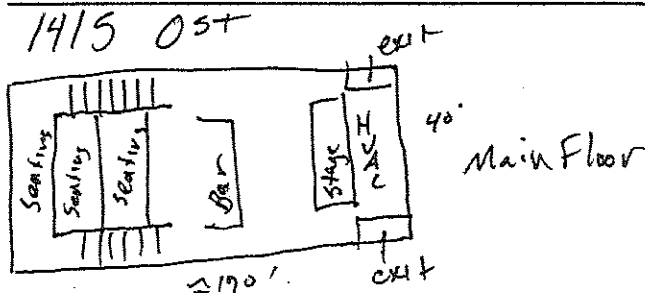
#2 _____

City Lincoln State NE Zip Code 68507

DESCRIPTION AND DIAGRAM OF THE STRUCTURE TO BE LICENSED

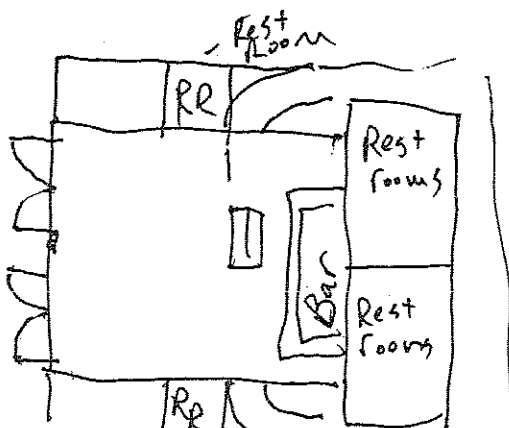
In the space provided or on an attachment draw the area to be licensed. This should include storage areas, basement, sales areas and areas where consumption or sales of alcohol will take place. If only a portion of the building is to be covered by license, you must still include dimensions (length x width) of the licensed area as well as the dimensions of the entire building in situations. No blue prints please. Be sure to indicate the direction north and number of floors of the building.

****For on-premise consumption liquor licenses minimum standards must be met by providing at least two restrooms**



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NEBRASKA LIQUOR
CONTROL COMMISSION

Front Entrance



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TERRA
CONTROL VALLEY OF
COMMISSION

APPLICANT INFORMATION

1. READ CAREFULLY. ANSWER COMPLETELY AND ACCURATELY.

Has anyone who is a party to this application, or their spouse, EVER been convicted of or pled guilty to any charge. Charge means any charge alleging a felony, misdemeanor, violation of a federal or state law; a violation of a local law or ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also any charges pending at the time of this application. If more than one party, please list charges by each individual's name.

☐ YES ☒ NO

If yes, please explain below or attach a separate page.

2. Are you buying the business and/or assets of a licensee?

☐ YES ☒ NO

If yes, give name of business and license number

- a) Submit a copy of the sales agreement including a list of the furniture, fixtures and equipment.
b) Include a list of alcohol being purchased, list the name brand, container size and how many?

3. Are you filing a temporary agency agreement whereby current licensee allows you to operate on their license?

☐ YES ☒ NO

If yes, attach temporary agency agreement form and signature card from the bank.

This agreement is not effective until you receive your three (3) digit ID number from the Commission.

4. Are you borrowing any money from any source to establish and/or operate the business?

☐ YES ☒ NO

If yes, list the lender

5. Will any person or entity other than applicant be entitled to a share of the profits of this business?

☐ YES ☒ NO

If yes, explain. All involved persons must be disclosed on application.

6. Will any of the furniture, fixtures and equipment to be used in this business be owned by others?

☒ YES ☐ NO

If yes, list such items and the owner. Landlord own Refrigeration.

7. Will any person(s) other than named in this application have any direct or indirect ownership or control of the business?

☐ YES ☒ NO

If yes, explain.

No silent partners

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CONTROL COMMISSION

8. Are you premises to be licensed within 150 feet of a church, school, hospital, home for the aged or indigent persons or veterans, their wives, children, or within 300 feet of a college or university campus?

☐ YES ☒ NO

If yes, list the name of such institution and where it is located in relation to the premises

9. Is anyone listed on this application a law enforcement officer?

☐ YES ☒ NO

If yes, list the person, the law enforcement agency involved and the person's exact duties

10. List the primary bank and/or financial institution (branch if applicable) to be utilized by the business and the individual who will be authorized to write checks and/or withdrawals on accounts at the institution.

Union Bank Jeremiah & Leah Moore

11. List all past and present liquor licenses held in Nebraska or any other state by any person named in this application. Include license holder name, location of license and license number. Also list reason for termination of any license(s) previously held.

BoxAwesome LLC, 815 0th Lincoln, Neb. 77052

12. List the training and/or experience (when and where) of the person(s) making application. Those persons required are listed as followed:

- a) Individual, applicant only (no spouse)
- b) Partnership, all partners (no spouses)
- c) Corporation, manager only (no spouse)
- d) Limited Liability Company, manager only (no spouse)

| Name: | Date: | Where: |
|----------------|--------------|--------------------------|
| Jeremiah Moore | 2007-present | BoxAwesome manager owner |
| | | |
| | | |

13. If the property for which this license is sought is owned, submit a copy of the deed, or proof of ownership. If leased, submit a copy of the lease covering the entire license year. Documents must show title or lease held in name of applicant as owner or lessee in the individual(s) or corporate name for which the application is being filed.

☒ Lease: expiration date JUNE 30th 2011
☐ Deed
☐ Purchase Agreement

14. When do you intend to open for business? As soon as we get license

15. What will be the main nature of business? theatre/music venue

16. What are the anticipated hours of operation? 8am - 1am Sun-Sat - mostly

17. List the principal residence(s) for the past 10 years for all persons required to sign, including spouses. If necessary attach separate sheet.

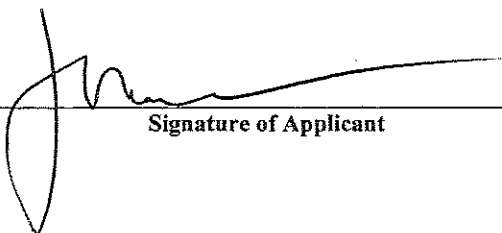
RESIDENCES FOR THE PAST 10 YEARS, APPLICANT AND SPOUSE MUST COMPLETE

| APPLICANT: CITY & STATE | YEAR FROM TO | SPOUSE: CITY & STATE | YEAR FROM TO |
|-------------------------|-----------------|----------------------|-----------------|
| Lincoln, NE | 2000 2009 | Lincoln, NE | 2004 2009 |
| Lincoln, NE | 1978 2008 | Lincoln | 2000 2009 |
| | | | |
| | | | |

The undersigned applicant(s) hereby consent(s) to an investigation of his/her background investigation and release present and future records of ever and description including police records, tax records (State and Federal), and bank or lending institution records, and said applicant(s) and spouse(s) waive(s) any right or causes of action that said applicant(s) or spouse(s) may have against the Nebraska Liquor Control Commission, the Nebraska Patrol, and any other individual disclosing or releasing said information. Any documents or records for the proposed business or for any part stockholder that are needed in furtherance of the application investigation of any other investigation shall be supplied immediately upon demand Nebraska Liquor Control Commission or the Nebraska State Patrol. The undersigned understand and acknowledge that any license issued, based information submitted in this application, is subject to cancellation if the information contained herein is incomplete, inaccurate or fraudulent.

Individual applicants agree to supervise in person the management and operation of the business and that they will operate the business authorized license for themselves and not as an agent for any other person or entity. Corporate applicants agree the approved manager will superintend in person management and operation of the business. Partnership applicants agree one partner shall superintend the management and operation of the business applicants agree to operate the licensed business within all applicable laws, rules regulations, and ordinances and to cooperate fully with any agent of the Nebraska Liquor Control Commission.

Must be signed in the presence of a notary public by applicant(s) and spouse(s). If partnership or LLC (Limited Liability Company), all partners, members and spouses must sign. If corporation all officers, directors, stockholders (holding over 25% of stock and spouses). Full (birth) names only, no initials.



Signature of Applicant

Signature of Applicant

Signature of Applicant

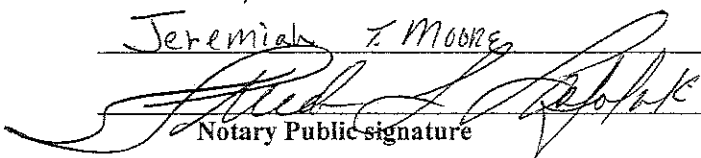
Signature of Applicant

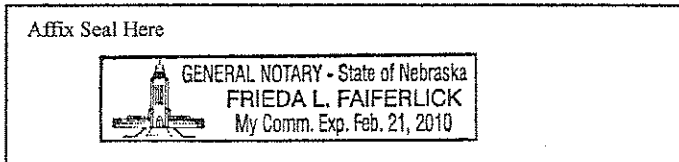
Signature of Applicant

State of Nebraska

County of LANCASTER

The foregoing instrument was acknowledged before me this 20, MARCH 2009 by

Jeremiah T. Moore

Notary Public signature





Signature of Spouse

Signature of Spouse

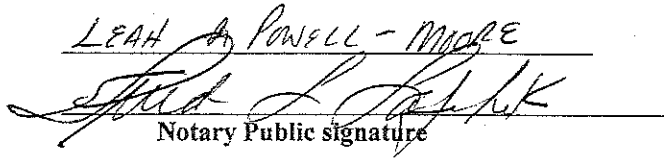
Signature of Spouse

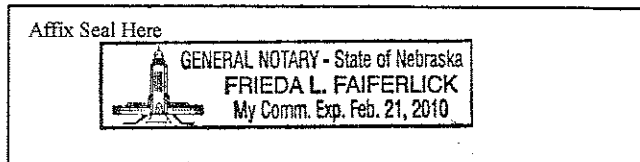
Signature of Spouse

Signature of Spouse

County of LANCASTER

The foregoing instrument was acknowledged before me this 20 MARCH 2009 by

LEAH A. POWELL-MOORE

Notary Public signature



APPLICATION FOR LIQUOR LICENSE
LIMITED LIABILITY COMPANY (LLC)
INSERT - FORM 3b

NEBRASKA LIQUOR CONTROL COMMISSION
301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
FAX: (402) 471-2814
Website:

Office Use

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All LCC members, including spouses, are required to adhere to the following requirements

- 1) Must be a citizen of the United States
- 2) Must provide a copy of their certified birth certificate or INS papers
- 3) Must submit their fingerprints (2 cards per person)
- 4) Must sign the signature page of the Application for License form (even if spousal affidavit has been submitted)

Attach copy of Articles of Organization (Articles must show barcode receipt by Secretary of States office)

Name of Registered Agent: Jeremiah Moore

Name of Limited Liability Company that will hold license as listed on the Articles of Organization

Box Awesome LLC

LLC Address: 815 05+

City: Lincoln State: Ne Zip Code: 68508

LLC Phone Number: 402-310-7919 Fax Number: _____

Name of Contact Member (Name and information of contact member must be listed on following page)

Last Name: Moore First Name: Jeremiah MI: A.T.

Home Address: 6424 Benton City: Lincoln

State: Ne Zip Code: 68507 Home Phone Number: 402-310-7919

Signature of Contact Member

State of Nebraska

County of Lancaster

The foregoing instrument was acknowledged before me this

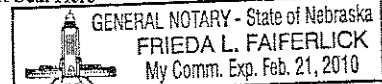
20 MARCH 2009

date

by Jeremiah Moore
name of person acknowledged

Notary Public signature

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NEBRASKA LIQUOR
CONTROL COMMISSION

List names of all members and their spouses (even if a spousal affidavit has been submitted)

Last Name: Moore First Name: Jeremiah MI:

Social Security Number: Date of Birth:

Spouse Full Name (indicate N/A if single): POWELL-MOORE, Leah

Spouse Social Security Number: Date of Birth:

Last Name: First Name: MI:

Social Security Number: Date of Birth:

Spouse Full Name (indicate N/A if single):

Spouse Social Security Number: Date of Birth:

Last Name: First Name: MI:

Social Security Number: Date of Birth:

Spouse Full Name (indicate N/A if single):

Spouse Social Security Number: Date of Birth:

Last Name: First Name: MI:

Social Security Number: Date of Birth:

Spouse Full Name (indicate N/A if single):

Spouse Social Security Number: Date of Birth:

Last Name: First Name: MI:

Social Security Number: Date of Birth:

Spouse Full Name (indicate N/A if single):

Spouse Social Security Number: Date of Birth:

Is the applying Limited Liability Company controlled by another Corporation/Company?

☐ YES

☒ NO

If yes, provide the name of corporation/company and supply an organizational chart

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Indicate the company's tax year with the IRS (Example January through December)

Starting Date:

Jan 1, 2009
~~March 09~~

Ending Date:

Dec 31, 2009

Is this a Non Profit Corporation?

☐ YES

☒ NO

If yes, provide the Federal ID #.

**MANAGER APPLICATION
INSERT - FORM 3c**

NEBRASKA LIQUOR CONTROL COMMISSION
301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
FAX: (402) 471-2814
Website: www.lcc.ne.gov

Office Use

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CONTROL COMMISSION

Corporate manager, including spouse, are required to adhere to the following requirements
If spouse filed affidavit of non-participation fingerprints and proof of citizenship not required

- 1) Must be a citizen of the United States
- 2) Must be a Nebraska resident (Chapter 2 - 006)
- 3) Must provide a copy of birth certificate, naturalization paper or US passport
- 4) Must submit fingerprints (2 cards per person)
- 5) Must be 21 years of age or older
- 6) Applicant may be required to take a training course

Corporation/Limited Liability Corporation (LLC) information

Name of Corporation/LLC: Box Awesome LLC

Premise information

Premise License Number: _____
(if new application leave blank)

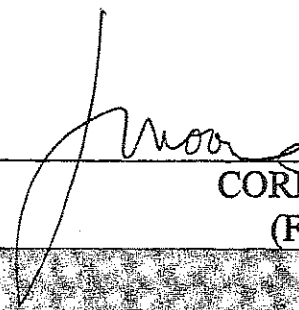
Premise Trade Name/DBA: Box Awesome's Bourbon Theatre

Premise Street Address: 1415 05th

City: Lincoln Zip Code: 68508

Premise Phone Number: 402-310-7919

The individual whose name is listed in the president or contact member category on either insert form 3a or 3b must sign their name below.


CORPORATE OFFICER SIGNATURE
(Faxed signatures are acceptable)

Manager's information must be completed below PLEASE PRINT CLEARLY

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Gender: ☒ MALE ☐ FEMALE

Last Name: Moore First Name: Jeremiah

Home Address (include PO Box if applicable): 6424 Benton

City: Lincoln State: Ne Zip Code: 68507

Home Phone Number: 11 Business Phone Number: 402-310-7919

Social Security Number: _____ Drivers License Number & State: _____

Date Of Birth: _____ Place Of Birth: Seward, Neb.

Are you married? If yes, complete spouse's information (Even if a spousal affidavit has been submitted)

☒ YES

☐ NO

Spouse's information

Spouses Last Name: Moore First Name: Leah MI: A

Social Security Number: _____ Drivers License Number & State: _____

Date Of Birth: _____ Place Of Birth: Lincoln Neb

APPLICANT AND SPOUSE MUST LIST RESIDENCE(S) FOR THE PAST 10 YEARS

APPLICANT

SPOUSE

| CITY & STATE | YEAR FROM | TO | CITY & STATE | YEAR FROM | TO |
|--------------|--------------|---------|--------------|--------------|---------|
| Lincoln Ne | 1979 | Present | Lincoln Ne | 1982 | Present |
| | | | | | |
| | | | | | |
| | | | | | |

MANAGER'S LAST TWO EMPLOYERS

| YEAR FROM | TO | NAME OF EMPLOYER | NAME OF SUPERVISOR | TELEPHONE NUMBER |
|--------------|---------|-------------------------------|--------------------|------------------|
| 2004 | Present | Self Employed / Box 4 awesome | Jeremiah Moore | 402-310-7919 |
| 1997 | 2004 | Morning Star Cleaning Service | Barbara Moore | 402-525-0068 |

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1. READ PARAGRAPH CAREFULLY AND ANSWER COMPLETELY AND ACCURATELY.

Has anyone who is a party to this application, or their spouse, EVER been convicted of or plead guilty to any charge. Charge means any charge alleging a felony, misdemeanor, violation of a federal or state law; a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name.

☐ YES

☒ NO

If yes, please explain below or attach a separate page.

2. Have you or your spouse ever been approved or made application for a liquor license in Nebraska or any other state? IF YES, list the name of the premise.

☒ YES

☐ NO

Box Awesome LLC

3. Do you, as a manager, have all the qualifications required to hold a Nebraska Liquor License? Nebraska Liquor Control Act (§53-131.01)

☒ YES

☐ NO

4. Have you filed the required fingerprint cards and PROPER FEES with this application? (The check or money order must be made out to the Nebraska State Patrol for \$38.00 per person)

☒ YES

☐ NO

5. Do you have any experience in selling alcohol in the State of Nebraska?
If so list training and/or experience (when and where)

| Date: | Where: |
|-----------------|----------------------|
| 2008 | Hospitality training |
| 2006 | Chatterbox |
| 2007 - Present | Box Awesome |

PERSONAL OATH AND CONSENT OF INVESTIGATION

The above individual(s), being first duly sworn upon oath, deposes and states that the undersigned is the applicant and/or spouse of applicant who makes the above and foregoing application that said application has been read and that the contents thereof and all statements contained therein are true. If any false statement is made in any part of this application, the applicant(s) shall be deemed guilty of perjury and subject to penalties provided by law. (Sec §53-131.01) Nebraska Liquor Control Act.

The undersigned applicant hereby consents to an investigation of his/her background including all records of every kind and description including police records, tax records (State and Federal), and bank or lending institution records, and said applicant and spouse waive any rights or causes of action that said applicant or spouse may have against the Nebraska Liquor Control Commission and any other individual disclosing or releasing said information to the Nebraska Liquor Control Commission.

The undersigned understand and acknowledge that any license issued, based on the information submitted in this application, is subject to cancellation if the information contained herein is incomplete, inaccurate, or fraudulent.

[Signature]
Signature of Manager Applicant

[Signature]
Signature of Spouse

State of Nebraska

County of Lancaster

County of Lancaster

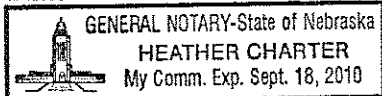
The foregoing instrument was acknowledged before me this March 24, 2009 by

The foregoing instrument was acknowledged before me this March 24, 2009 by

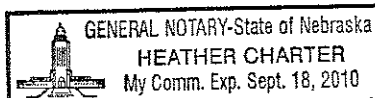
[Signature]
Notary Public signature

[Signature]
Notary Public signature

Affix Seal Here



Affix Seal Here



In compliance with the ADA, this manager insert form 3c is available in other formats for persons with disabilities. A ten day advance period is required in writing to produce the alternate format.

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NEBRASKA LIQUOR
CONTROL COMMISSION

Revised 9/2008

STATE OF NEBRASKA

WHEN THIS COPY CARRIES THE RAISED SEAL OF THE NEBRASKA HEALTH AND HUMAN SERVICES SYSTEM, IT CERTIFIES THE BELOW TO BE A TRUE COPY OF THE ORIGINAL RECORD ON FILE WITH THE NEBRASKA HEALTH AND HUMAN SERVICES SYSTEM, VITAL STATISTICS SECTION, WHICH IS THE LEGAL DEPOSITORY FOR VITAL RECORDS.

DATE OF ISSUANCE

05/21/2007

LINCOLN, NEBRASKA

Stanley S. Cooper
STANLEY S. COOPER
ASSISTANT STATE REGISTRAR
HEALTH AND HUMAN SERVICES

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MAR 20 2009

NEBRASKA LIQUOR
CONTROL COMMISSION

STATE OF NEBRASKA - DEPARTMENT OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF LIVE BIRTH

126 - 78 21232

| | | | | | | |
|---|----------------------|---|--|--|--|--------------------|
| CHILD - NAME FIRST MIDDLE LAST | | | SEX | DATE OF BIRTH (Month, Day, Year) | | HOUR |
| 1. <u>Jeremiah Alvin Thomas Moore</u> | | | 2. <u>Male</u> | | | 3b. <u>4:53 AM</u> |
| HOSPITAL - NAME (If not in hospital, give street and number) | | | INSIDE CITY LIMITS (Specify Yes or No) | CITY, TOWN, OR LOCATION OF BIRTH | | COUNTY OF BIRTH |
| 4a. <u>Memorial Hospital</u> | | | 4b. <u>Yes</u> | 4c. <u>Seward</u> | | 4d. <u>Seward</u> |
| I certify that the stated information furnished on this child is true to the best of my knowledge and belief. | | | DATE SIGNED (Month, Day, Year) | | NAME AND TITLE OF ATTENDANT IF OTHER THAN CERTIFIER | |
| 5a. (Signature) <i>[Signature]</i> | | | 5b. <u>10/17/98</u> | | 5c. | |
| CERTIFIER - NAME AND TITLE (Type or print) | | | MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) | | | |
| 6a. <u>Paul E. Plessman M. D.</u> | | | 6b. <u>311 Jackson Ave. Seward, Nebraska 68434</u> | | | |
| REGISTRAR - SIGNATURE | | | DATE RECEIVED BY REGISTRAR | | | |
| 7a. <i>[Signature]</i> | | | 7b. <u>11-8-78</u> | | | |
| MOTHER - MAIDEN NAME FIRST MIDDLE LAST | | | AGE (At time of this birth) | CITY AND STATE OF BIRTH (If not in U.S.A., Name Country) | | |
| 8a. <u>Darlene Lucille Preslar</u> | | | 8b. <u>28</u> | 8c. <u>Vallejo, California</u> | | |
| RESIDENCE - STATE | COUNTY | CITY, TOWN, OR LOCATION, (Include zip code) | INSIDE CITY LIMITS (Specify Yes or No) | STREET AND NUMBER | | |
| 9a. <u>Nebraska</u> | 9b. <u>Lancaster</u> | 9c. <u>Lincoln 68512</u> | 9d. <u>Yes</u> | 9e. <u>4401 South 27th Apt. J-12</u> | | |
| MOTHER'S MAILING ADDRESS - Enter if not same as residence | | | | | | |
| FATHER - NAME FIRST MIDDLE LAST | | | AGE (At time of this birth) | CITY AND STATE OF BIRTH (If not in U.S.A., Name Country) | | |
| 11a. <u>Gerald William Moore</u> | | | 11b. <u>29</u> | 11c. <u>Alameda, California</u> | | |
| I certify that the personal information provided on this certificate is correct to the best of my knowledge and belief. | | | RELATION TO CHILD | | | |
| 12a. other Informant <i>[Signature]</i> <u>Mrs. Gerald (Darlene) Moore</u> | | | 12b. <u>Mother</u> | | | |

WHEN THIS COPY CARRIES THE RAISED SEAL OF THE NEBRASKA HEALTH AND HUMAN SERVICES SYSTEM, IT CERTIFIES THE BELOW TO BE A TRUE COPY OF THE ORIGINAL RECORD ON FILE WITH THE NEBRASKA HEALTH AND HUMAN SERVICES SYSTEM, VITAL STATISTICS SECTION, WHICH IS THE LEGAL DEPOSITORY FOR VITAL RECORDS.

DATE OF ISSUANCE
JUL 28 1997

LINCOLN, NEBRASKA

Stanley S. Cooper
STANLEY S. COOPER
ASSISTANT STATE REGISTRAR
HEALTH AND HUMAN SERVICES SYSTEM

STATE OF NEBRASKA - DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
126- 82 12762
CERTIFICATE OF LIVE BIRTH

| | | | | | | | |
|--|--|--|--------|--------|--|----------------------------------|---------|
| CHILD - NAME | | FIRST | MIDDLE | LAST | SEX | DATE OF BIRTH (Month, Day, Year) | TIME |
| 1. HOSPITAL - NAME (If not in hospital, give street and number) | | Leah | Andrea | Powell | Female | | 2:12 P. |
| 2. INSIDE CITY LIMITS (Specify Year or No) | | 4c. Lincoln, Nebraska | | | 3b. COUNTY OF BIRTH | | |
| 3. St. Elizabeth Comm. Health Ctr. | | 4b. Yes | | | 4d. Lancaster | | |
| 4. I certify that the stated information regarding this child is true to the best of my knowledge and belief. | | 5. DATE SIGNED (Month, Day, Year) | | | 5b. NAME AND TITLE OF ATTENDANT IF OTHER THAN CERTIFIER | | |
| 5a. (Signature) | | 5c. DATE RECEIVED BY REGISTRAR | | | 5d. STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP | | |
| 6a. REGISTRAR - SIGNATURE | | 6b. 301 S. 70th, Lincoln, Nebraska 68510 | | | 7b. CITY AND STATE OF BIRTH (If not in U.S.A., Name Country) | | |
| 7a. MOTHER - MAIDEN NAME | | 7c. 1129 S. 10th | | | 8c. TORRINGTON, WYOMING | | |
| 8a. RESIDENCE - STATE | | 8b. 27 | | | 9a. INSIDE CITY LIMITS (Specify Yes or No) | | |
| 9a. Nebraska | | 9b. Lincoln 68502 | | | 9c. Yes | | |
| 10. FATHER - NAME | | 10a. Jerry | | | 10b. Dean | | |
| 11a. I certify that the personal information provided on this certificate is correct to the best of my knowledge and belief. | | 11b. 27 | | | 11c. Lincoln, Nebraska | | |
| 12a. other informant | | 12b. | | | 12c. | | |

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